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MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 35	
1. PLACE OF DEATH				COUNTY <u>Cochise</u>		STATE <u>ARIZONA</u>	
				TOWNSHIP <u> Tombstone </u>		REGISTERED NO. _____	
				CITY _____		OR VILLAGE _____	
				NO. _____		ST. _____	
				WARD _____			
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				IN CITY OR TOWN WHERE DEATH OCCURRED <u>9</u> YRS. <u>0</u> MOS. <u>0</u> DS.		HOW LONG IN U. S. OF FOREIGN BIRTH? <u>0</u> YRS. <u>0</u> MOS. <u>0</u> DS.	
2. FULL NAME <u>Allen Rock Woolery</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>0</u> YRS. <u>0</u> MOS. <u>0</u> DS.			
(A) RESIDENCE NO. <u>Tombstone, Arizona</u>				ST. _____		WARD _____	
(USUAL PLACE OF ABODE)				(IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WID. OWED, OR DIVORCED, (WRITE THE WORD) <u>Widow</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Geo. W. C. Woolery</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 13 1884</u>							
7. AGE		YEARS <u>31</u>		MONTHS <u>8</u>		DAYS <u>13</u>	
				IF LESS THAN 1 DAY, _____ HRS. OR _____ MIN.			
OCCUPATION		8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>at home</u>					
		9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____					
		10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____					
		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Polkville Tennessee</u>							
FATHER		13. NAME <u>William Rock</u>					
		14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Kentucky</u>					
MOTHER		15. MAIDEN NAME <u>Alinda Brothing</u>					
		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Indiana</u>					
17. INFORMANT (ADDRESS) <u>W. C. Woolery Tombstone, Arizona</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tombstone, Ariz.</u> DATE <u>6/19</u> 19 <u>36</u>							
19. EMBALMER (LICENSE NO. <u>22</u>) FUNERAL DIRECTOR (SIGNATURE <u>R. B. Blum</u>) ADDRESS <u>Isbec, Arizona</u>							
20. FILED <u>June 23, 1936</u> REGISTRAR							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>June 18, 1936</u>							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM <u>Died without medical attendance</u> , 19 <u>36</u>							
I LAST SAW H. <u>ALIVE</u> ON _____, 19 <u>36</u> ; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>1.00 A.</u> M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Cerebral Hemorrhage</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: _____							
NAME OF OPERATION _____ DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 <u>36</u>							
WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____							
MANNER OF INJURY _____							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? _____							
IF SO, SPECIFY _____							
(SIGNED) <u>R. B. Blum, M.D. Health Officer</u> M. D. (ADDRESS) <u>Bisbee Arizona</u>							